

BUSINESS PARTNER AUTOMATION PROGRAM SERVICE PROVIDER CHANGE

SECOND-LINE BUSINESS PARTNER NAME

STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
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OFFICE IDENTIFICATION NUMBER	SITE IDENTIFICATION NUMBER
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CURRENT SERVICE PROVIDER	NEW SERVICE PROVIDER
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EFFECTIVE DATE OF CHANGE	CURRENT CONTRACT EXPIRATION DATE
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REASON FOR CHANGING SERVICE PROVIDERS (FOR DMV PURPOSES ONLY)

HAVE YOUR FLOOR PLANS CHANGED (IF YES, NEW FLOOR PLANS AND NARRATIVE MUST BE SUBMITTED. IF NO, PLEASE SIGN THE CERTIFICATION BELOW.)

☐ Yes ☐ No

I certify under the penalty of perjury under the laws of the State of California that there have been no physical changes to the floor plan of this address _____.

Executed at _____ County _____

State _____ Date _____

COMPANY NAME	SIGNATURE OF AUTHORIZED AGENT
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PRINTED NAME OF AUTHORIZED AGENT	TITLE OF AUTHORIZED AGENT
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STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
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ESTIMATE OF YEARLY TRANSACTION VOLUMES	ARE THERE ANY PLANS TO CHANGE TRANSACTIONS IN THE FUTURE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NEW VEHICLE REPORTS OF SALES	REGISTRATION RENEWALS
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I fully understand this is a change of my Service Provider only. This does not change the processing capabilities I currently have.

COMPANY NAME

SIGNATURE OF SECOND-LINE BUSINESS PARTNER AUTHORIZED AGENT	DATE
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Return completed application to:

Business Partner Automation Program
 Administrative Manager
 2415 1st Avenue MS D166
 Sacramento CA 95818